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APPLICATION NO.	CATION NO. FILING DATE		FIRST NAMED INVENTO	ATTORNEY DOCKET NO.		RNEY DOCKET NO.	CONFIRMATION NO.
10/537,667			Thomas Focke	10191/3592		10191/3592	6349
TITLE OF INVENTION	: DEVICE FOR MEASI	JRING ANGLE POSITION	ONS				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	PREV. PAID ISSUE FEE		DATE DUE
nonprovisional	NO	\$1440	\$300	\$0		\$1740	02/04/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS	ss			
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CFR 1.363). Change of corresp	ondence address (or Cha	nge of Correspondence	(1) the names of up or agents OR, alterna	ively,		eys	
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3				
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2 registered patent attorneys or agents. If no name is 3				
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or t	ype)			
PLEASE NOTE: Un	less an assignce is ident th in 37 CFR 3.11. Com	ified below, no assignce	data will appear on the of a substitute for filing a	patent. If an assigne n assignment.	e is id	entified below, the doc	ument has been filed for
(A) NAME OF ASSI		(B) RESIDENCE: (CITY and STATE OR COUNTRY)					
Robert Bo	sch GMBH	Stuttgart, Federal Republic of Germany					
Please check the appropr	riate assignee category or	categories (will not be p	rinted on the patent) :	Individual 💆 Co	rporati	on or other private grou	p entity Government
4a. The following fcc(s)	are submitted:	4	b. Payment of Fee(s): (Pl		y prev	iously paid issue fee sh	own above)
Issue Fee	No small entity discount	normitted)	A check is enclosed Payment by credit c		is atta	ched.	
Advance Order -		The Director is hereby authorized to charge the required fec(s), any deficiency, or credit any overpayment, to Deposit Account Number 11 - 0 600 (enclose an extra copy of this form).					
5. Change in Entity Sta	tus (from status indicate	d above)	overpayment, to be	Oak Account Hamou		000 ((((((((((((((((((
a. Applicant claim	s SMALL ENTITY stat	us. See 37 CFR 1.27.	☐ b. Applicant is no lo				
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